No. 300	FILED DE	22 1950 STANDARD CERTIFICATE OF DEATH State File No. 41						41819	
	BIRTH NO		_ REG. DIST. NO. 2	94,	RIMARY REG. DIST.	m.3056	. Registrar's No.	410	
883	I. PLACE OF DEA	1 11			2. USUAL RESIDI	ENCE (Where dec	b. COUNTY	titution: residence before	
1 8	b. CITY (If outside co	n do 16	RURAL and give c. LENG township) STAY (ii	STH OF	c. CITY (If outside sort		URAL and give town	_	
9	TOWN MO	perly				seriy		13	
RECORD	d. FULL NAME OF (If not in hospital of institution, give street address or location) HOSPITAL OR INSTITUTION 406 Sp. Williams				d. STREET (II rural, stre location) 406 S o VVI LLIAMS				
	3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	7	c. (Last) SSEYT	4. DAT OF DEAT	~	(Day) (Year) 9 1950	
TEN		COLOR OR RACE	7. MARRIED, NEVER MAI WIDOWED, DIVORCED	RRIED. I	8. DATE OF BIRTH	9. AGE	(In years of moon lybridge) Months	YEAR 15 CHOOL N 1015.	
Ē	remale/1V	Unite_	Widow.	2	Feb 12-1	8541 6	16 9	27	
PERMANENT	10a. USUAL OCCUPATIO	ng life, even if retired)		DUSTRY	11. BIRTHPLACE (State	or foreign equator)	اماممد	12. CITIZEN OF WHAT COUNTRY?	
- 4	13a. FATHER'S NAME		136. MOTHER'S	MAIDEN P	2 2	14. NAME OF H	USBAND OR WIF	E	
KE	Hrehibal	d Chisho	Im Kather		McCrae				
MAR	15. WAS DECEASED EVE (Yee, no, or unknown) (II	yee, sive war or date	FORCES? 16. SOCIAL SE	NO.	17. INFORMANT'S	s signature sevt.	~ '	address cerlu Mo	
	18, CAUSE OF DEATH	L DICELCE OD (MEC	ISAL CE	RTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
INK	Enter only one cause per 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)								
CK	*This does not mean ANTECEDENT CAUSES							i	
BLAC	the mode of dying, such as heart failure, asthenia. Morbid conditions, if any, giving DUE TO (b) rise to the above course (a) stating the underlying course last.								
- 1	etc. It means the dis- ease, injury, or complica-	the underlying cause last. DUE TO (c)						}	
NG	tion which caused death.	II. OTHER SIGNIFICANT CONDITIONS						001/14	
IQV		related to the disc	buting to the death but not use or condition causing death.		<u> </u>			1794X	
UNFADING	19a. DATE OF OPERA- TION	∴196. MAJOR FIN	DINGS OF OPERATION	_		, ,,*	•	20. AUTOPSY?	
- 11	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., home, farm, factory, street, office		21c. (CITY, TOWN, OR	TOWNSHIP)	(COUNTY)	(STATE)	
-USING	Zid. TIME (Month) OF INJURY	(Day) (Year)	(Hour) 21e. INJURY OCC	THELET	217. HOW DID INJURY	OCCUR?	,		
ż	22. I hereby certify that I attended the deceased from Aland 1 Studies, to St. S., 1860, that I last saw the deceased								
PLAINLY	alive on	140 .	1. and that death occu	rred at	m, from th	e causes and or	•		
' [23a. SIGNATURE		(Degree	or title)	23b. ADDRESS	ekuo. n	Tuo Tuo	12-11-50	
WRITE	24a. BURIAL, CREMA- TION, REMOVAL (Breatly)	Dec 11		CEMETERY AYII'S	,	LOCATION (O	fly, town, or com	nty) (State)	
>	DATE REC'D BY LOCAL	1		269	S FUNERAL DIRECT	TOR'S SIGNATU	RE	DOREAS	
j	Dee11.50	Jusey	ellan Ve	rive	.man	an and	com n	weerly mo	
	•	•	(Licensed Emi	almer's Sta	tement on Reverse Side	.)		3	

THE DIVISION OF HEALTH OF MISSOURI

)

Date Received: DEC 1 8 1950-DISTRICT HEALTH OFFICE #2 District File Number /2-50-2/ Date Filed:

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this c	certificate was embalmed by me, or by
	Student Embaimer No
working under my personal supervision	

Student Embalmer

Licensed Embalmer No. 3021

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. Vailure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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